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## ***Skill Procedures:***

### ***Esophageal Tracheal Combitube (ETC) Airway***

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#### ***I. Indications***

1. Consider using the ETC when endotracheal intubation is not successful or when it is not allowed or cannot be performed immediately.
2. Consider utilizing the ETC when possible spinal injury prevents successful ET intubation.
3. Consider ETC when the patient's anatomy, bleeding or vomiting obstruct the direct visualization required for ET intubation.



#### ***II. Contraindications***

1. Patients who are less than 16 years of age or less than 5 feet tall.
2. Patient is responsive or has a gag reflex.
3. Patient has swallowed a caustic substance
4. Patient has a known esophageal disease present

#### ***III. Procedure***

1. Assemble and check equipment
2. Hyperventilate the patient
3. Place patient's head and neck in a neutral position
  - A. If spinal injury is suspected, maintain head in a neutral, in-line position
4. Perform a tongue-jaw-lift maneuver and insert device until the two black rings are at the level of the teeth
5. Inflate the pharyngeal cuff with 100 cc of air
6. Inflate the distal cuff with 10 to 15 cc of air



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#### ***III. Procedure (continued)***

7. Attach ventilation device to tube #1, the esophageal tube.
8. Ventilate the patient, auscultating over the epigastrium and listening for gurgling sounds.
  - A. If no sounds are heard, watch for chest rise and auscultate for breath sounds.
  - B. If equal chest rise and breath sounds are present bilaterally and no gastric sounds are heard over the stomach, continue to ventilate through tube #1.
-  9. If gurgling sounds are heard in the stomach, cease ventilation and reposition the ventilation device to tube #2.
10. Ventilate the patient, auscultating over the epigastrium and listening for gurgling sounds.
  -  A. If gurgling is heard remove the tube.
  - B. If no sounds are heard, watch for chest rise and auscultate for breath sounds.
  - C. If equal chest rise and breath sounds are present bilaterally and no gastric sounds are heard over the stomach, continue to ventilate through tube #2.
11. Hyperventilate the patient for two minutes then resume normal ventilation.